



(THIS FORM MUST BE SUBMITTED WITH ALL TRANSMITTALS)

FACILITY NAME

COUNTY

CHECK NO.

DATE RECEIVED

FEE SUBMITTED

MO –

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is this a POTW? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is this a state agency owned facility?
If yes, provide a SAM II vendor code _____
(Note: Vendor code is not required for MDNR facilities) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is this a domestic only discharge? (D) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is this an industrial only discharge?
(This does not include borrowing guidelines across industrial classifications
by using Best Professional Judgement.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> EPA Categorical Guidelines (P)
(Is the industry included in 40 CFR 400-471, also called "Categorical Guidelines?") | | |
| <input type="checkbox"/> Stormwater ONLY (S) | | |
| <input type="checkbox"/> All other industrial discharges (I) | | |
| 5. Is this non-contact cooling water only? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is this a construction permit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Is this a new operating permit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Does this permit action involve a modification? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Do you believe the fee received is correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

BECAUSE

PREPARED BY	
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DATE
